

# The Mental Health Impact of Sexual Violence: Attending to the Unmet Needs of Rape Survivors in Bayelsa State

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**Abstract:** Current statistics show an alarming rise in the incidence of sexual violence and rape in Nigeria. This, potentially, constitutes a major mental health challenge. Apart from physical health impacts, research has consistently shown a strong nexus between sexual violence and poor mental health including suicide among survivors. Nevertheless, in Nigeria, the response of individuals, government agencies and organisations to cases of sexual violence and rape has predominantly been medico-legal, while ignoring the psycho-social and mental health aftermaths. Therefore, rape survivors are left with unmet short-term, intermediate and long-term mental health care needs. This paper reviews sexual violence, rape in particular being the most prevalent form of sexual violence in our communities with a view to enhancing understanding of the problem among the public and drawing attention of concerned authorities and critical stakeholders. It specifically addresses relevant concepts of sexual violence including definition, prevalence, factors that may influence its occurrence as well as common mental health consequences and psychological interventions for survivors. The paper concludes with key recommendations aimed at addressing rape survivors' psychological support and mental healthcare needs as well as preventive strategies aimed at checking the menace in Bayelsa State, and Nigeria in general.

**Key words:** sexual violence, rape, mental health, survivors, Bayelsa State

## I. INTRODUCTION

One of the core human rights values protected by relevant domestic and international statutes and conventions is individuals' sexual autonomy and genuine choice or consent. Sexual contact without voluntary consent that violates a person's sense of autonomy, control and mastery over their body constitutes sexual assault. In Nigeria, there are laws which protect the right of individuals to have control over and freely decide on issues that concern their sexuality including the Violence Against Persons Prohibition Act of 2015, the Child Rights Act of 2003 (Adegbite, 2015), and the Criminal and Penal Codes (Adegbite, 2015; Otitodiri, 2014).

Rape is, arguably, one of the most poorly understood sexual behaviour. Not until recently, the general notion about sexual violence was largely shaped by the narrow and simplistic definitions given by various scholars. For example, the Oxford Advanced Learner's Dictionary of English (Hornby,

2006) defined rape and other forms of sexual violence as a crime of forcing an individual to have sex. It was also defined as the crime of forcefully obtaining sex from an unwilling individual (Brigneti & Egbonimali, 2002). These definitions seems to place emphasis on two key elements- lack of consent and use of physical force, thus limiting the scope of understanding of sexual violence. While lack of consent is a common denominator in sexual violence and rape, it is important to understand that not all forms of sexual violence involve the use of physical force.

Contemporary thoughts have offered a more holistic perspective by treating rape as an aspect of the broader phenomenon of sexual violence. According to the World Health Organization (WHO), sexual violence refers to any sexual act, attempt to obtain sexual act, unwarranted sexual comments or advances, or acts to traffic or otherwise directed against a person's sexuality, by any persons regardless of their relationship to the survivor, in any setting, including but not limited to home and work (WHO, 2011). It encompasses behaviours such as the use of sedative substances, physical force or the threat of violence, coercion, intimidation, blackmail and threats of deprivation through which (in the view of this paper) a woman/girl is forced into sexual intercourse in violation of her rights to sexual autonomy and choice. The salient point to note in the various conceptualisations of sexual violence is that the exercise of a woman's right to sexual autonomy and consent are the fundamental elements for lawful sexual conduct.

The evidence emanating mainly from developed countries substantially indicate that rape survivors are at a high risk of severe mental health consequences (Choudhary, Coben, & Bossarte, 2008; Choudhary, Smith & Bossarte, 2012; Chaudhury, Bakhla, Murthy, & Jagtap, 2017). However, despite the concerning rise of the prevalence of rape and other forms of sexual violence over the past decades in Nigeria (Folayan, Odetoyinbo, Harrison, & Brown, 2014; National Bureau of Statistics; NBS, 2019; Jimoh & John-Mensah, 2019), the attention given to rape survivors by government agencies, individuals and other stakeholders has been predominantly centred on the medical and legal interventions. In Nigeria, especially Bayelsa State, the psychological and

mental health impacts which are as important as the medical consequences suffered by rape survivors are relatively unknown and/or completely overlooked. Therefore, the overarching objective of this paper is to create awareness and enhance understanding about sexual violence (including rape) and its adverse psychological, behavioural and mental health aftermaths with a view to stimulating critical stakeholders and the public into actions that will ultimately promote psychological wellbeing of survivors.

## II. TYPES AND CONTEXTS OF RAPE

In the past, sexual violence was regarded as a rare occurrence carried out by only unknown persons (men and boys) who were either insane, criminally minded or individuals with uncontrollable sexual desire. However, modern research has shown that apart from women/girls who overwhelmingly represent majority of victims/survivors of sexual violence (Amnesty International, 2011; Borumandnia, Khadembashi, Tabatabaei, & Majd, 2020), men and boys also suffer sexual violation (Ajuwon, Olaleye, Faromaju & Ladipo, 2006; Olaleye & Ajuwon, 2011; WHO, 2012). Furthermore, emerging literature suggests that sexual violence is perpetrated mostly by familiar persons; not only by persons who are unknown to the survivors (CLEEN Foundation, 2014; Oluwatosin, Ngozi, & Ajepe, 2019; Tade & Udechuwku, 2020).

As earlier explained, sexual violence encompasses various acts of coercive sexual behaviour including rape. According to the World Health Organization (2012), rape is a physically forced or otherwise coerced penetration, even if slight, of the vulva or anus using penis, other body parts or any object. It is an unacceptable sexual act obtained by perpetrators without mutual consent through coercion including the use of brute force or threats, sedative substances, psychological intimidation, withholding of benefits, exploitation as well as taking undue advantage of age, physical/mental challenge and socio-economic status of a woman or girl (Ogunwale, Olaleye & Olaitan, 2014). Rape, given its specific definition within the broader context of sexual violence, seems to be more prevalent than other forms of sexual violence in our communities, and remains the focus of the majority of relevant literature in Nigeria. As a result, this paper will focus predominantly on rape.

Rape can be categorised on the basis of the relationship between the perpetrator and the survivor, her age, and the circumstance in which the act occurs. Common examples include; (1) Stranger rape - rape perpetrated by an unknown person, (2) Date rape - carried out by someone with whom the survivor (mostly adolescents) has romantic relationship, (3) Acquaintance rape - perpetrated by a person with whom the survivor had no romantic relationship but familiar (e.g., family friends, teachers, class-mates, co-workers and even family members), (4) Spousal rape - occurs within marriage in which a male spouse obtains sexual intercourse from his wife under duress, coercion, force or fear of the consequences of

her refusal, and (5) Child rape or molestation - perpetrated against girls (children) of less than 10 years who by virtue of their immaturity lack the ability to put up resistance against the "sexual predators", usually older men. Majority of perpetrators of this type of rape are close relations of the survivors such as fathers, blood relations, guardians and neighbours who, ordinarily, are expected to protect the little girls (Awosusi & Ogundana, 2015). Forced marriages and wife inheritance as practiced in some cultures in Africa (Tembo, 2013) as well as parts of Nigeria (including Bayelsa State) can be regarded as customary forms of sexual abuse (or rape), given that it violates women's right of sexual choice and consent.

A more recent psychological perspective identified five types of rapists and/or contexts of rape as follows (McKibbin, Shackelford, Goetz & Starratt, 2008): (i) Men and boys who are sexually aroused by violent sex otherwise referred to as "Specialized" rapists", (ii) Disadvantaged men who resort to rape, (iii) Partner rapists motivated by assessments of increased risk of sperm competition, (iv) Men and boys who rape opportunistically or take undue advantage of circumstances to exploit women and girls sexually through coercion and, (v) Psychopathic men who lack emotions and consistently resort to coercive high-mating-efforts to obtain sexual gratification.

Furthermore, scholars have argued that rape is a conditional strategy that may potentially be deployed by any man (McKibbin et al, 2008) as men are inherently wired to adopt various mating strategies and tactics including rape to obtain sexual intercourse (Shields & Shields, 1983). In other words, men perpetrate rape by default. Consistent with this proposition, one study reported that many men agreed that they would rape given certain conditions, while many others reported experiencing sexual fantasies (Malamuth, Huppel & Paul, 2005) which can lead to uncontrollable sexual arousal and reinforce risky sexual behaviour.

## III. RAPE PREVALENCE

There is limited systematic data on rape globally. This is attributable to the fact that information on sexual violence (including rape) are typically obtained from police crime diaries, hospital records, the media as well as reports of Non-Governmental Organisations (NGOs). Research findings in western societies show that 35.6% of women and girls had experienced one form of sexual violence or the other including rape (Garcia-Moreno, Pallitto, Devries, Stockl, Watts & Abrahams, 2013). In Nigeria, according to the National Bureau of Statistics (NBS, 2019), 69.30% cases of rape were recorded in 2017 alone. Reports of an opinion poll conducted by NOIPols (2019) also showed that 26% of Nigerians knew someone who had been raped in the past one year, of which 72% were young girls aged between 1-17. Similarly, Folayan, Odetoynbo, Harrison and Brown (2014) found that 55% of young girls in Nigeria had been sexually abused or coerced into sexual encounter. Though anecdotal,

the Minister for Women Affairs and Social Development revealed that about two million women and girls are raped annually in Nigeria (Jimoh & John-Mensah, 2019). Another media report quoting the Nigerian Police indicated that 717 cases of rape and other violent sexual crimes were reported within a space of 5 months this year (Adetayo, 2020).

The situation in Bayelsa State is equally concerning. A survey conducted in Yenagoa Local Government Area indicated that 55% of the 200 rape survivors who participated in the study were between 5 and 10 years of age, while 45% comprised of girls aged between 11-17 years (Oluatosin et al., 2019). Oluatosin and colleagues further reported that 81% of perpetrators were individuals that were well known to the survivors including family members, neighbours and family friends. Furthermore, a gender-based rights Non-governmental organisation (Gender Response Initiative Team -GRIT) reported that 58 cases of rape were reported across Bayelsa State during the COVID-19 lockdown period (Obe, 2020).

Majority of rape cases hardly get reported to the Police authorities due to fear of stigmatisation, and only a few victims (with physical assault) tend to seek medical attention in hospitals (Ebuanyi, Chikezie & Dariah, 2018). Therefore, what is known about the rate of rape prevalence in Nigeria, and Bayelsa State in particular, may just be a tip of the iceberg as available rape statistics seems to represent a gross under-estimation of the reality on ground

#### IV. FACTORS THAT FACILITATE RAPE OCCURENCE

Having conducted a brief over-view of the prevailing situation, it is important to attempt to highlight some of the factors that appear to facilitate the occurrence of sexual violence including rape in our society. Various conceptual models have been developed to explain the mechanisms through which human thoughts, emotions and behaviour facilitate the occurrence of sexual violence and rape. The literature has three broad perspectives to explaining sexual violence namely, single factor, multifactor, and micro level models (Ward & Hudson, 1998). As the names imply, the single factor approach focus on only one single variable, multi factor combines a number of associated factors to provide a comprehensive explanation about the occurrence, while the micro level theories focus on how events unfold leading to single episodes of sexual violence. In order to provide a holistic understanding of why sexual violence occur, an integrated (multifactor) approach which takes into account both psychological and non-psychological factors (e.g., biological, ecological and neurological factors) in its broad explanation (Ward & Beech, 2006; Gannon & Ciardha, 2012) seems more ingenious and germane.

In view of the limited scope of this paper, the following factors which seem relevant to our own Nigerian context are discussed:

#### *Customs and traditions*

Some customs and traditional practices prevalent in our communities tend to support and legitimise sexual violence and rape against women and girls. For instance, early marriage is common in African societies including Nigeria. Statistics show that the average age at first marriage in northern Nigeria is about 11 years, while in other parts of the country, the mean age at first marriage is 17 years (United Nations Children Emergency Funds; UNICEF, 2001). At such early age, majority of the girls might not have developed the capacity to fully exercise their right of sexual autonomy and genuine consent for sexual intercourse within the forced marriage. The mere thought of sexual encounter evokes intense fear in them as they are less likely to have had prior knowledge about marriage and as a result likely to experience forced first sex within the marriage (Erulkar, 2013).

Also, some native customs in Nigeria still practice wife inheritance. This is a practice whereby widows are made to marry one of the brothers or step-sons of their late husband, in order to sustain and carry on the family's name. Arguably, this practice amounts to infringement on the rights of the woman, especially in situations whereby the widow involved dislikes the idea. Many inherited widows feel legally raped and highly traumatised by being forced into having sex with not just another man but their late husband's brother or son (Tembo, 2013). Unfortunately, however, the laws in Nigeria and many other countries (e.g., Malawi) where this custom exist are silent on this humiliating and dehumanising practice despite attempts by many widows to put up resistance.

Another coercive sexual behaviour that seems to have been taken for granted in our society as normal is spousal rape. It is common knowledge that coercive sexual behaviour or sex without voluntary consent also occur within marriages. The widespread cultural belief that marital rape is not "real" rape invalidates survivors' traumatic experiences and discourages reporting. Marital rape is yet to be legally defined as a crime in many societies. In fact, Section 282 of the Penal Code, Laws of the Federal Republic of Nigeria states that "Sexual intercourse by a man with his own wife is not a rape, if she has attained puberty" (Olurounbi, 2013). As a result of this provision which gives legal validation to the act, husbands have continued to abuse their wives sexually without any fear of sanctions in Nigeria despite the evidence that this can result in significant emotional distress and severe mental health consequences for their wives (Bennice & Resick, 2003).

Some traditional myths or narratives which people seem to have held over time about sexually coercive behaviour also tend to encourage the occurrence of sexual violence and rape. The following are some of the distorted belief systems often adopted by rape perpetrators to justify their behaviour (Beech & Ward, 2004; Sarkar, 2013): (i) women enjoy being raped, (ii) if a woman says "no", she really means "yes", and just playing hard to get, (iii) most women say 'no' first most times and a man has to persist or apply some force to ascertain her

true state of mind, and (iv) the belief that an HIV infected man may be cured, if he engages in sexual intercourse with a virgin.

#### *Poverty*

Statistics show that women and girls with the lowest socio-economic status are at greater risk of sexual exploitation and rape (Jewkes et al., 2002) and are often targets of perpetrators. Poverty refers to lack of access to resources, productive assets, and income, resulting in a state of material deprivation (Owusu-Addo, Owusu-Addo, Antoh, Sarpong, Obeng-Okrah, & Annan, 2018). It has been identified as one of the key vulnerabilities for sexual violence because women and girls who lack the resources to meet their daily basic needs may resort to helplessly exchanging sex for essential goods (WHO, 2002). Another related factor that puts young girls at risk of sexual exploitation by men is weak parental control as parents who lack the wherewithal to meet the basic needs of their girl-child (e.g., food and shelter) may not be able to caution them against risky sexual behaviours. As a result, many of these girls who work as child labourers and nannies to fend for themselves and even support their parents/siblings end up being sexually exploited and raped by men.

#### *Gender power inequality*

There is overwhelming evidence that sexual violence is a highly gendered behaviour. For example, studies have found that majority of perpetrators of various coercive sexual behaviours including rape are men and boys (Tade & Udechukwu, 2020). This has been attributed to existing socio-cultural ideologies and value systems in some societies across the world. In Africa including Nigeria, for instance, girls are socialised to accept gender-based power inequality in which females subordinate themselves to male dominance (Tembo, 2013; Jewkes, 2012). Also, sexually coercive behaviour is culturally configured around the belief that sex is a man's right, particularly in intimate relationships (e.g., girlfriends, dates and wives). Consequently, sexual coercion is viewed as legitimate and accepted because females are meant to yield to the demands of men.

Furthermore, the superior positioning of men against women seems to cognitively objectify women and confer in men the right of sexual entitlement (Jewkes et al., 2011; Abbey et al., 2011). Evidence shows that 80% of perpetrators of sexual coercion within marriages, date and other intimate relationships have used sex as a man's right of entitlements justifications for their actions (Chang Project, 2011; Jewkes, 2011).

#### *Poor handling of cases of sexual violence*

The legal system in Nigeria seems to make it more difficult to secure conviction of perpetrators of rape in view of the stringent evidences survivors are often required to provide within a limited time-frame (Ejim, 2013). Sometimes, rape survivors are extorted by the police and even vilified for either being in the wrong place or dressing indecently.

Consequently, majority of rape survivors and their families become discouraged and rather prefer to settle such matters within the communities without involving the Nigerian Police. Furthermore, the failure of survivors of rape to get justice in Nigeria has been blamed on the slow judicial process in addition to poor investigation which rape suspects have often explored to escape justice in the law courts (Okakwu, 2020; Alhassan, 2013).

#### *Concealment of incidences*

Scholars and rights advocates have asserted that the culture of silence has facilitated the continuous rise in rape incidences in Nigeria (e.g., Johnson-Salami, 2016; Onyejekwu, 2008). Most often, families tend to conceal rape incidences (a times without the survivor's consent) for a number of reasons including the need to protect her image and future marriage prospects, avoidance of stigmatisation as well as shielding the survivor's family from public opprobrium. There are also instances in which rape perpetrators are allowed to go scot-free without being named, shamed or punished for their acts in order to protect existing familial ties between the families of the perpetrator and the victim. Therefore, survivors of rape in Nigeria often find themselves in double jeopardy - battling with the emotional trauma of the sexual assault itself as well as justice denied.

#### *Peer influence*

Social learning within the context of sub-culture is an important factor in the occurrence and perpetuation of rape. It has been shown that children do not select their friends on the basis of common aggressive characteristics but rather, the similarities that are seen among them are products of the friendship (Steighlich, Snijders & Pearson, 2010). It has been argued that adolescents or youths who relate frequently with perpetrators of rape are likely to indulge in such acts despite not having prior idea about it. Consequently, many gang rapists are likely to have been pressured or influenced into the act by peers as young adults and, particularly, adolescents are easily lured into anti-social behaviour including sexual misdemeanour. Adolescents and young boys who constitute the bulk of sex offenders (Ezugwu, Ohayi, Iyoke, & Nnaji, 2017) believe that the only way they can gain social status among their peers is through high sexual experience; those who may not have had much sexual encounters are stigmatised by the group as being less manly. It has also been proposed that during adolescence, there is increase in hormonal activities and aggressive impulses (Marshall & Barbaree, 1990). Some of the male adolescents are able to control and inhibit such impulses while many others experience psychological vulnerability to sexual aggression due to the combined effect of inherent and contextual factors which potentially cause significant impairment of the normal inhibition process (Gannon & Ciardha, 2012).

*Alcohol and substance use*

It is arguable that many of our unemployed youths who are idle have taken to drug and substance use which, potentially, exposes them to various crimes and criminality. To the best of our knowledge, there are no findings that alcohol and drug can cause sexual aggression in men who had no natural inclination to aggression but evidence show that these substances can rigger sexual desire, give unusual courage to make risky sexual advances, decrease social inhibition and cause clouding of sense of judgement (Abbey, 2011;Graham & Francis, 2000). Consistent with these findings, alcohol consumption has been found to account for 75% of rape incidences in the United States of America (Abbey, 2011), while 45% of perpetrators of rape in Nigeria have been reported to be people who indulge in alcohol and drug use (Onwuzoo, 2020). There are plethoras of literature corroborating the aforementioned evidence within the Nigerian context (Nwagu, 2016; Akpunne, Akinnawo, Bello & Olajire, 2020; Unachukwu & Nwankwo, 2003).

*Access to pornographic materials*

Pornography include magazines, movies, videos, pictures and online materials depicting people engaging in sexual behaviour (posing partially or complete nude) which are sexually arousing or stimulating. These obscene materials reinforce sexual fantasies or thoughts that are sexually arousing. If an individual frequently engages in deviant sexual fantasies which reinforces sexual arousal, then he is likely to be encouraged to act-out the deviant behaviour (Johnson, 2014).

The internet has made it easy for adolescents and young adults to access pornographic materials of various contents. Research support the assertion that pornography play significant role in sexual violence (Johnson, 2009) and increases men's sexual callousness toward women (Zillman & Bryant, 1986). Exposure to pornography contributes substantially to sustaining young people's adherence to unhealthy notions about sex and relationships as frequent consumption of materials with such illicit contents encourages attitudes supportive of sexual coercion and rape (Flood, 2009).

*Adverse Childhood exposure*

Childhood sexual abuse and exposure to parental partner violence can predispose an individual to sexual violence and rape perpetration. Neuropsychological findings have suggested that traumatic childhood experiences may have direct negative effects leading to long-term changes on the developing brain and personality which might predispose the child to general antisocial behaviour including proclivity for sexual violence and rape in later life (Anda, Felitti, Bremner, Walker, Whitfield, Perry, Dube& Giles, 2006; Choi, Jeong, Polcari, Rohan & Teicher, 2012). Apart from the biological pathway explained above, it has been found that long-term pre disposition can be established through familiarity and social

learning in which sexually coercing behaviour gets transmitted during childhood, and enacted as rape or other sexually violent conduct slater in their lives (Jewkes, Nduna, Shai, & Dunkle, 2012).

*Psychological factors*

The link between psychological factors, especially personality, and sexual violence has been suggested over the years and empirically supported. Perpetrators of childhood sexual abuse are typically socially and emotionally immature, have low social skills, low self-esteem and exhibit poor impulse control (Finkelhor & Araji, 1986). Furthermore, majority of them have been found to have psychopathic personality disorder with traits such as lack of empathy and remorse, egocentricism, pathological lying, manipulativeness and persistent violation of social norms (Hare, 1996). These traits enable them to unleash coercive sexual acts on their victims ruthlessly without emotions (Cleckley, 1988; Abbey, Jacques-Tiura & LeBreton, 2011). Social psychologists have also speculated that attachment style may be associated Withrisky sexual behaviour or poor management of sexuality (McLeod, 2008). Attachment has significant influence on the mental, emotional and social development of individuals. For example, infants and toddlers who were securely attached to their primary caregivers (e.g., mothers) are found to have better psycho-social functioning later in life regarding self-esteem, compassion, self control, enduring friendship, intimacy and trust (Levy & Orlans, 2000). On the other hand, however, children who are unable to secure attachment bond with primary caregivers (e.g., mothers) may fail to acquire the necessary social skills to establish intimate relationships with others. Rather, they tend to avoid others, manifest hostility and aggression in relationships or exhibit maladaptive behaviours in relationships (Stripe, Abracin, Stermac, & Wilson, 2006).

It is, therefore, conceivable that children who experienced hostile parenting, faulty socialisation and disorganised attachment in their childhood and, as a result, failed to learn interpersonal and socially adaptive skills may engage in risky sexual behaviour as a means of achieving intimacy as adults (Stripe et al., 2006).

## V. PSYCHOLOGICAL AND MENTAL HEALTH CONSEQUENCES OF RAPE

Given the negative reactions such as blame, rejection, humiliation and stigmatisation by family and friends including the police and the medical system which, potentially, exacerbate the rape trauma, it is inconceivable that survivors would overcome the experience unscathed. Sexual violence and rape has been extensively studied and found to be associated with a range of adverse psychological, behavioural and mental health consequences (Choudhary et al., 2008; Choudhary et al., 2012; Chaudhury et al., 2017). These adverse impacts are discussed below under three headings- short-term, medium-term and long term impacts.

### 5.1. Short-Term Impacts

Every survivor of rape is unique but many will experience one common reaction at the initial stage, namely; Rape Trauma Syndrome (RTS) (Chaudhury et al., 2017). This is a cluster of emotional responses to extreme stress and death anxiety experienced during the rape incident by the survivor, characterised by the following three phases:

i). *Acute Phase* - This occurs when the act is being perpetrated. Rape survivors often experience a number of psycho-physiological reactions which are beyond their control including intense fear of death and psychological dissociation or an 'out of body' feeling - a disconnection between one's sense of self, perception, behaviour and cognition (Chaudhury et al., 2017). It is important to note that the state of 'emotional surrender' in which the rape survivor often finds herself while being sexually violated should not be misconstrued as consent. Rather, it is an expression of powerlessness and helplessness. Shortly after, the rape survivor may begin to experience emotional crisis characterised by a range of emotional reactions such as crying, yelling, and shaking, or she may become extremely calm, emotionally blunt and appear totally subdued (Chaudhury et al., 2017). Most victims of rape experience shock, intense fear, numbness, confusion, feelings of helplessness and disbelief, in addition to self blame and high level of anxiety immediately after the incident (Chen, Murad, Paras, Colbenson, Sattler, Goranson, Elamin, Seime, Shinozaki, Prokop, & Zirakzadeh, 2010). The feelings of intense fear and anxiety triggered by the rape incident remains throughout the act and increases to its peak within a week, and can persist for a year after (Petra, 2002).

(ii) *Second Phase* - This occurs in the immediate aftermath of the incident. During this phase, the survivor adopts a great deal of denial mechanism by carrying on with normal daily functioning and focussing less on the rape incident. She may be experiencing significant emotional distress due to the rape trauma but would be more inclined to concealing the experience from family, friends and the public.

(iii) *Third phase* - this phase may last from three weeks to several years after the rape incident. During this phase, the survivor attempts to resolve the rape-related emotional crisis by integrating the incident into her cognitive process and re-organise the schema in line with her new world view and view of herself. If successfully resolved, the survivor may experience positive adaptation and significant improvement in her psychological functioning, otherwise referred to as post-traumatic growth (Frazier, Conlon & Glaser, 2001; Zacchaeus, 2020). She may, then, experience religious/spiritual development, improved relationships with family, friends and others, value the little things of life she never considered as important previously, increased sense of personal strength, changed life priorities (live better and healthier) and changed philosophy of life (Tedeschi & Calhoun, 2004; Zacchaeus, 2020).

As a short-term impact, the survivors who by virtue of their unique personality attributes and or/ favourable environmental condition overcome these initial reactions recover spontaneously, while others that may not be so lucky go on to develop more severe behavioural and mental health problems as a result of the rape-trauma.

### 5.2. Medium-Term Impacts

It has been found that survivors of rape are likely to experience low self-esteem, self-blame and guilt, months and years after the incident (Chaudhury et al., 2017). They experience transient memory failure (or dissociative amnesia) as a result of which they tend to forget, repress, or deny aspects of the rape incident, believed to be a defense mechanism against the overwhelming negative emotional reactions. Notably, the high level of self-victimisation and low self-esteem found among rape survivors seems to correlate with reported rate of suicidality among them. Research suggests that greater percentage of rapesurvivors, especially adolescence and young women, are likely to have contemplated and/or attempted suicide than the general population (Petra, 2002; Paolucci et al., 2001; Kilpatrick, 2002).

### 5.3. Long-Term Impacts

Major long-term psychological and mental health impacts of rape include post-traumatic stress disorder, depression and anxiety disorders and sexual dysfunction.

#### *Post-traumatic Stress disorder (PTSD)*

Post-traumatic stress disorder is the most frequently experienced psychological disorder following the traumatic experience of rape, (Rothman, Foa, Riggs, Murdock & Walsh, 1992). Symptoms of PTSD include re-experiencing the trauma, intrusive thoughts, avoidance behaviour, social withdrawal, excessive precautions or hypervigilance, depersonalization, constant re-telling and re-examining the event, frequent flashbacks, and negative self-appraisal (or self-blame) (American Psychiatric Association; APA, 2013). Typically, these symptoms significantly decrease and stabilize within one week to three months after the rape incidence (Rothman, Foa, Riggs, Murdock & Walsh, 1992) but in some victims, the symptoms may persist up to 16 years after the episode or even longer (McNally, Bryant & Ehlers, 2003). Research indicates that survivors of childhood rape and sexual abuse are five times more prone to PTSD (Saunders, Kilpatrick, Hanson, Resnick, & Walker, 1999; S Dinwiddie, Slutsky, Dunne, & Martin, 1998).

#### *Depression and Anxiety disorders*

There is significant evidence of a higher prevalence of depression and anxiety disorders among survivors of rape and other sexual violence (Choudhary et al., 2012; Cordina & Kubiak, 2006; Choudhary et al., 2008). Common symptoms of internalising behaviours associated with depression and anxiety disorders reported among female rape survivors

include dysphoric mood, loss of appetite, loss of pleasure (anhedonia), sleep disturbances, feeling of guilt, feeling slow and agitated, poor concentration (Choudhary et al., 2012) as well as suicide ideation/attempt (Chaudhury et al., 2017, Petrak, 2002, Kilpatrick, 2002).

Notably, childhood sexual abuse survivors are at an increased risk of depression, suicide attempt and other psychological disorders than adolescents and adults survivors (Saunders et al., 1999; Stratham et al., 1998; Galaif et al, 2001; Anteghini, Fonseca, Ireland, & Blum, 2001). This might be due to their cognitive immaturity and weak resilience to traumatic stress.

#### *Sexual dysfunction*

Significant proportion of rape survivors develops long-term sexual functioning problems (Becker, Skinner, Abel & Tracy, 1982) in the aftermath. A study found that 59% of rape survivors had sexual dysfunction (Becker, Skinner, Abel, & Cichon, 1986), being one of the most long-lasting psychological problems associated with sexual violence (Ellis, 1981). Common sexual disorders include avoidance of sex, lack of sexual satisfaction, arousal dysfunction and sexual desire dysfunction (Ellis, 1981; Orlando & Koss, 1983; Becker et al., 1986). Recent literature shows consistent findings that survivors of rape experienced decreased sexual satisfaction in their current relationships and quality of relationship with men in general (Mohammed, & Hashish, 2015). Additionally, it was found that rape survivors tend to engage in high-risk sexual behaviour more than the general population (Chaudhury et al, 2017) and are, consequently, prone to being raped again in the future (Jain, Mathur, Kothari & Mathur, 2008).

Survivors of childhood rape or molestation also experience sexual dysfunction but unlike adults, they experience delayed impacts with fear of sex, arousal dysfunction and desire dysfunction manifesting at adolescence or adulthood (Weaver, 2009; Feinauer, 1989).

It is important to note that survivors' psychological response to the traumatic experience of rape may differ depending on a number of factors including the person's unique characteristics, context of event, violence type/degree of injury, and available support system (Briere & Jordan, 2004; Gilbert, Widom, Browne, Fergusson, Webb, & Janson, 2009). While some survivors suffer mild symptoms of stress reactions and recover shortly after the trauma due to their resilience, others may perceive the experience of rape as a major catastrophe in their life and, would as a result, develop severe/long-lasting psychological/mental distress (Kendall-Tackett, Williams & Finkelhor, 1993).

## VI. PSYCHOLOGICAL CARE AND SUPPORT FOR SURVIVORS

The negative psychological impacts of sexual violence and rape can be prevented or mitigated with the provision of timely/appropriate post-rape psycho-social interventions. As earlier noted, many survivors recover on their own shortly

after the experience but not everyone may be that lucky. Evidence shows that early intervention can assist survivors to go through their initial emotional reactions and even prevent them from medium-term and long-term impacts (Resnick, Acimo, & Waldrop, 2007).

Self-blame and guilt are some of the initial emotional reactions of victims shortly after rape as they tend to blame themselves for everything surrounding the incident. This faulty thinking pattern is known to significantly facilitate severe emotional distress. Evidence shows that timely counselling, social support initiatives and brief psychotherapy administered shortly after the incident can address these issues and hasten the process of recovery from the rape trauma (Foa, Hearst-Ikeda & Perry, 1995; Foa & Street, 2001; Meyer & Taylor, 1986).

As a first step, Psychological First Aid (PFA) response is recommended to support survivors. PFA offers the professional the opportunity to assess the survivor for and respond to suicidality (if any), provide simple strategies to address issues of self-blame and guilt which are critical to recovery, screen victims for symptoms of potential emergence of PTSD and other long-lasting psychopathology, and the need for her to consider disclosure to family and friends. The survivor is also aided to be able to take control of her situation and make informed decisions about the incident. Those found to have symptoms of severe psychopathology (e.g., severe depression, anxiety disorder and PTSD) and would need more specialised care are referred to formal mental health care institutions (e.g., psychiatric hospitals).

In order to ensure adequate care for rape survivors with respect to their emotional wellbeing, formal psychological and mental healthcare support systems (e.g., Rape and Sexual Abuse Care Centres) needs to be established with a view to providing short-term psycho-social support and avert the likely adverse mental health consequences. Here, the survivors can access first aid care and counselling in the immediate aftermath of the incident to reduce initial distress. Survivors who continue to experience symptoms beyond the immediate period would need long-term care in formal institutions. The crisis centres needs to be staffed with relevant trained professionals (e.g., Mental Health Nurses, Psychiatric Social Workers, Counsellors and Psychologists) and fitted with toll-free telephone helplines for survivors' timely/free access. Having qualified professionals with in-depth understanding of their circumstance, readily available to listen to them non-judgementally and confidentially, can go a long way in encouraging survivors of rape to speak up about their traumatic experience and negotiate their contact with the legal systems (Campbell & Martin, 2001) for redress. Currently, to the best of the author's knowledge, such facilities are lacking in Nigeria.

Every survivor of rape and other sexual violence needs to be given the option of longer-term psychological intervention. Those identified to have the potential of developing severe

psychological and mental consequences should be assisted to access formal mental health services through appropriate referrals. Common intermediate and long-term psychopathology associated with rape (earlier mentioned) are PTSD, severe depression and anxiety disorders. Once symptoms of these conditions are found to persist, one month after the rape incident, a shift in the focus of therapy toward more structured management involving multiple counselling and therapy sessions administered by appropriately qualified mental health professionals (e.g. clinical psychologists and psychiatrists) is desirable. The evidence show Cognitive Behavioural Therapy (CBT) as well as combination of psychotherapy (e.g., relational and feminist therapies) and medication as effective treatment for rape -related PTSD, severe depression and anxiety disorders (Foa et al., 1999; Ehlers & Clark, 2003; Foa et al, 1995 ; Foa & Street, 2001).

It is instructive to note that Nigeria has significant mental health care infrastructure and service deficit with majority of the people with mental disorders facing the challenge of unmet need for treatment (Gureje & Lasebikan, 2006). For instance, the Bayelsa State healthcare delivery system has no provision for mental health and only those who have the resources are able to access specialist services at the Neuro-Psychiatric Hospital, Rumuibgo-PortHarcourt in faraway Rivers State.

Although it is beyond the scope of this paper to discuss rape prevention, we considered it pertinent to highlight a number of strategies and initiatives addressing the menace in the following section.

#### VII. RECOMMENDATIONS

The following initiatives and strategies are recommended to mitigate the prevalence of rape and sexual abuse:

- i. Parents should be encouraged to ensure adequate gender balancing and child nurturing styles that discourages the social ideology that tend to give more privileges to the male child and perceives the female folk as being inferior.
- ii. Training of medical and health personnel including Nurses on sexual violence and rape to enable them to detect and handle such cases in a sensitive and non-judgemental manner in order to remove self-blame and guilt, and encourage survivors toward disclosure.
- iii. Increased use of the media including conventional and social media platforms to raise awareness and change public attitude towards sexual violence and rape.
- iv. Initiate actions in schools including training of teachers, setting up of anti-rape clubs and organising awareness campaigns about the menace of sexual violence and rape.
- v. Community- level activism against rape should be encouraged through the formation of stake-holder groups (e.g., youths, women and religious groups) for enlightenment activities within the community.

- vi. Ensure justice for victims of rape and sexual violence by reforming the criminal justice system with a view to ensuring efficient and speedy investigation, prosecution and punishment of perpetrators.
- vii. Organising psycho-educational workshops for parents and other primary caregivers to help raise awareness on parenting styles and importance of children's attachment bonding.
- viii. Extant laws and customs that support early marriage, marital rape and wife inheritance in violation of women's rights to sexual autonomy and consent as well as cultural myths that appear to legitimise sexual violence should be addressed.
- ix. Poverty, unemployment and other socio-economic challenges currently facing individuals and families should be addressed through policies aimed at providing safety nets for the most vulnerable in the society.
- x. Sex education should be carried out in schools and communities to raise the awareness of the girl child about sexuality in view of their vulnerability. They need to be sensitised to not only identify coercive sexual overtures and avoid potential rapists, but also be courageous to speak out whenever they are exposed to such experiences.

#### VIII. CONCLUSION

Rape is a highly pervasive and traumatic life threatening experience that has been substantially shown to cause significant disruption in the psychological and mental wellbeing of survivors. Such disruptions can lead to severe long-lasting mental health problems that may remain with the survivor for the rest of her life including suicide. Although the public including professionals may be aware of the traumatic nature of rape but the degree of mental upheaval suffered by survivors, and how long it might take for them to recover seems poorly understood. As a result, the psychological impacts suffered by survivors arising from their rape experience are often overlooked, particularly in developing countries including Nigeria where responses for raped women and girls are limited to the provision of medical and legal services.

Given the potential adverse mental health impacts of sexual violence (including rape) and the increasing prevalence of rape in Nigeria as earlier discussed, it is imperative for the government of Bayelsa State and, indeed, the Federal Government of Nigeria to evolve appropriate initiatives and policies including the establishment of Rape Crisis Centres and prioritisation of mental health care. This will enhance psychological recovery and promote mental health among women and girls following traumatic rape experience.

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